



Bellevue Police Volunteer Candidate Application

Answer all questions completely. Any questions that do not pertain to you should be acknowledged by "N/A". **Failure to adequately explain a response or purposeful omission of any information may disqualify you from further consideration.** Follow all instructions that are given to this document carefully and completely. The information you provide in this application will be verified through subsequent interviews, background investigation, and polygraph examination.

BELLEVUE POLICE VOLUNTEER MINIMUM QUALIFICATIONS

Applicants to the Bellevue Police Department's citizen volunteer program must meet the following minimum qualifications:

- U.S. citizen or current work visa/green card.
- At least 21 years of age (*18 for non-paid student interns*).
- Good driving record.
- Stable employment and residential history (*allowances made for student intern applicants*).
- No prior felony or misdemeanor arrests and/or convictions.
- No use/possession of illegal narcotics (including marijuana) within the past 3 years.
- No sale or manufacture of illegal narcotics (including marijuana) ever.
- No recent history (last 10 years) of alcohol or drug abuse/addiction (including prescription drugs).
- No history of chronic mental or emotional illness.
- Ability to successfully pass background investigation, interview(s) and polygraph test.

Other individual factors, as well as behavior which does not reach the level of severity of that listed above, may be grounds for non-acceptance. The Department has sole discretion in accepting or declining any individual's application based on its determination of the applicant's suitability to volunteer in a law enforcement environment.



**City of Bellevue
Police Department**

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name: _____
(First, MI, Last)

Complete Current Address (Residential address only, no P.O. Box): _____
(Street Address)

(City, State, Zip Code)

How long have you lived at this address? _____ *If less than 3 years, provide previous address* _____

Who lives at that residence with you? ☐ Live alone ☐ Spouse ☐ Domestic Partner ☐ Significant other
☐ Minor children ☐ Adult children ☐ Siblings ☐ Roommate(s) ☐ Other (Specify): _____

Home phone with area code: _____

Work phone with area code: _____

E-mail address: _____

Date of Birth _____ Social Security Number _____

Washington Driver's License number: _____ Expiration: _____

VOLUNTEER INFORMATION

List all previous volunteer activities within the last 10 years. Provide organization name(s), timeframe of your volunteer service, and name and phone number of organization contact person.

Have you attended the Bellevue Police Community Academy? ☐ Yes ☐ No If yes, what year? _____

Do you have experience using a computer for basic office activities (e.g., e-mail, word processing, data entry)?
☐ Yes ☐ No

What days/hours can you volunteer? __Su __Mo __Tu __We __Th __Fr __Sa; From _____ to _____

EDUCATION

Did you graduate from high school? ☐ Yes ☐ No

List all colleges attended and degree(s) obtained

School: _____ Location: _____

Degree/Field: _____ Year: _____

School: _____ Location: _____

Degree/Field: _____ Year: _____

School: _____ Location: _____

Degree/Field: _____ Year: _____

EMPLOYMENT HISTORY

Starting with your most current employment, list all jobs you have held in the past 10 years. Show any periods of military service or unemployment in the appropriate spaces provided. If you report past military service please provide a photocopy of your DD-214.

| Dates of Employment | | Name and Address of Employer | | Name of Supervisor |
|---|----------------------------|---|---|--|
| From Mo. Yr. ____/____ | To Mo. Yr. ____/____ | | Telephone No _____ Fax No. _____ | When can supervisor be contacted? (Shift, Hours, Work Days) _____ |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | Title or duties (for identification purposes) _____ _____ | | |
| Reason for Leaving _____ _____ _____ | | | | |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____ | | | | |
| Dates of Employment | | Name and Address of Employer | | Name of Supervisor |
| From Mo. Yr. ____/____ | To Mo. Yr. ____/____ | | Telephone No _____ Fax No. _____ | When can supervisor be contacted? (Shift, Hours, Work Days) _____ |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | Title or duties (for identification purposes) _____ _____ | | |

REFERENCES

Please provide the names and contact information for past and/or present co-workers who can be contacted as references. Do not include supervisors in this list.

1. Name (*circle appropriate*) Mr. Mrs. Ms. _____
Employer _____
Mailing Address _____
Street No. _____ City/State/Zip _____
Home Phone () _____ Work Phone () _____
2. Name (*circle appropriate*) Mr. Mrs. Ms. _____
Employer _____
Mailing Address _____
Street No. _____ City/State/Zip _____
Home Phone () _____ Work Phone () _____
3. Name (*circle appropriate*) Mr. Mrs. Ms. _____
Employer _____
Mailing Address _____
Street No. _____ City/State/Zip _____
Home Phone () _____ Work Phone () _____
4. Name (*circle appropriate*) Mr. Mrs. Ms. _____
Employer _____
Mailing Address _____
Street No. _____ City/State/Zip _____
Home Phone () _____ Work Phone () _____

Please provide the names and contact information for 5 personal references such as friends, neighbors, teachers, etc. Do not include relatives or persons listed as employment or co-worker references.

1. Name (*circle appropriate*) Mr. Mrs. Ms. _____
Relationship _____
Mailing Address _____
Street No. _____ City/State/Zip _____
Home Phone () _____ Work Phone () _____
2. Name (*circle appropriate*) Mr. Mrs. Ms. _____
Relationship _____
Mailing Address _____
Street No. _____ City/State/Zip _____
Home Phone () _____ Work Phone () _____

3. Name (*circle appropriate*) Mr. Mrs. Ms. _____
Relationship _____
Mailing Address _____
Street No. City/State/Zip
Home Phone () Work Phone ()

4. Name (*circle appropriate*) Mr. Mrs. Ms. _____
Relationship _____
Mailing Address _____
Street No. City/State/Zip
Home Phone () Work Phone ()

5. Name (*circle appropriate*) Mr. Mrs. Ms. _____
Relationship _____
Mailing Address _____
Street No. City/State/Zip
Home Phone () Work Phone ()

MISCELLANEOUS

Have you ever applied for a permit to carry a concealed or exposed weapon? Yes ☐ No ☐

If "Yes," supply the information below.

1 Was the permit granted? Yes ☐ No ☐

Date granted:

2 Was the permit revoked or expired? Yes ☐ No ☐

Date revoked or expired:

Purpose of permit: _____

Name of law enforcement agency: _____

Agency: _____

Phone number: _____

In the spaces below list any Internet websites you've created and/or sites and message boards of which you are a member.

| Internet Site Address | Site Theme (eg., social, business, professional contacts) |
|-----------------------|---|
| | |
| | |
| | |

Is there anything in your background that has not been covered in the preceding questions, which could affect your eligibility to volunteer with the Bellevue Police Department?

| |
|--|
| |
| |
| |
| |
| |
| |

I certify that the information contained in this application is true and complete to the best of my knowledge. My printed name below serves as my authorized electronic signature.

| | |
|-------------------------|-----------------|
| <div>Printed Name</div> | <div>Date</div> |
|-------------------------|-----------------|

CITY OF BELLEVUE POLICE DEPARTMENT

P.O. Box 90012 Bellevue, WA 98009-9012

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I, *(insert your name)*, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Bellevue Police Department, whether said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examination, psychological exams or medical exams; records of complaint of a civil nature made by or against me, whatsoever located and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Bellevue Police Department to consider in determining my suitability for volunteer assignment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for volunteer assignment by the Bellevue Police Department. I understand that all materials pertaining to this background investigation become the property of the Bellevue Police Department and I will not have access to any of the background investigation.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand, the sources of confidential information cannot be revealed to me.

*** A photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.**

Candidate Printed Name*

Date

**Printed name serves as your authorized electronic signature.*